## **EXHIBIT B-5**

**COMPANY: State Farm** 

CLAIM # 53-109S-143

INSURED: Reynaldo & Nora Cerda ADDRESS: 5910 N. Schuerbach Rd. Mission, Texas 78574

## AWARD

We, the undersigned, pursuant to the within appointment, DO HEREBY CERTIFY that we have truly and conscientiously performed the duties assigned determined and do hereby award as the Actual Cash Value and the Replacement Cost Value of said property damaged by Wind / Hail

Item	Dwelling	\$22,524,58
Item	Other Structures	\$600.99
ltem		
Item		
Item		
ACTU	UAL CASH VALUE _	\$21,798.27
TOTA	AL AMOUNT OF LOSS	\$23,125.57
SPEC	IAL PROVISIONS:  1. Subject to policy pr 2. Less any previous p 3. Policy coverage to b	
Witne	ss our hands this 21th	day of <u>January</u> , <u>2016</u> .
Shann	on Cook	APPRAISER
Darrel	I Edwards	10/5/16 Laux Elm APPRAISER
Cecil I	Parker	UMPIRE